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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # K03759 (3)

**1. Corporation Name
OWEN E. BAILEY, C.P.A. P.A.**

**Principal Place of Business Mailing Address
320 PINEY RIDGE ROAD 320 PINEY RIDGE ROAD
CASSELBERRY FL 32707 CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 3a. Date of Last Report
11/16/1987 04/27/1994**

**2. Principal Place of Business 2a. Mailing Address
21 26**

**4. FEI Number Applied For
59-2856888 Not Applicable**

**Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27**

**5. Certificate of Status Desired \$8.75 Additional
Fee Required**

**City & State City & State
23 28**

**6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees**

**Zip Country Zip Country
24 25 29 30**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAILEY, OWEN E.
320 PINEY RIDGE ROAD
CASSELBERRY FL 32707**

**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BAILEY, OWEN E.
STREET ADDRESS	320 PINEY RIDGE ROAD
CITY - ST - ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Owen E. Bailey* Owen E. Bailey 4/18/95 1-407-339-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #